

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Freedomworks for America		FEC IDENTIFICATION NUMBER ▼ C C00499020	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee ARROWHEAD GRAPHICS, INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 03 / 2016		
Mailing Address 508 HOUSTON ST			Amount 7086.63		
City GREENSBORO	State NC	Zip Code 27401	Transaction ID : SE24.24		
Purpose of Expenditure EVENT COLLATERAL MATERIALS		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 01 / 2016		
Name of Federal Candidate WALTER BEAMAN JONES JR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 14754.22			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee ARROWHEAD GRAPHICS, INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 03 / 2016		
Mailing Address 508 HOUSTON ST			Amount 4948.48		
City GREENSBORO	State NC	Zip Code 27401	Transaction ID : SE24.25		
Purpose of Expenditure EVENT COLLATERAL MATERIALS		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 02 / 2016		
Name of Federal Candidate WALTER BEAMAN JONES JR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 14754.22			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12035.11
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MELODIE JOHNSON

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Signature